

**MICHIGAN DEPARTMENT OF
COMMUNITY HEALTH**

**DATA CLARIFICATIONS FOR THE
835 HEALTH CARE CLAIM
PAYMENT/ADVICE,
VERSION 4010**

April 4, 2003

Michigan Department
of Community Health





MANUAL TITLE

**DATA CLARIFICATIONS FOR THE 835 HEALTH CARE CLAIM
PAYMENT/ADVICE, V. 4010**

PAGE

i

DATE

04-04-03

This document is intended as a companion to the **National Electronic Data Interchange Transaction Set Implementation Guide: Health Care Claim Payment/Advice, ASC X12N 835 (004010X091)**, dated May 2000. It contains data clarifications authorized by the Department of Health and Human Services on September 17, 2001. It **does** reflect the changes found in the addenda (004010X095A1) to that implementation guide. The clarifications described herein include:

- Identifiers to use when a national standard has not been adopted, and
- Parameters in the implementation guide that provide options.

The implementation guide and code lists can be found at http://www.wpc-edi.com/hipaa/hipaa_40.asp. Additional information on the Final Rule for Standards for Electronic Transmissions can be found at <http://aspe.os.dhhs.gov/admsimp/bannertx.htm>.

Purpose of the 835 Health Care Claim Payment/Advice

The Michigan Department of Community Health (MDCH) will use the 835 transaction to send remittance advice information. The 835 Transaction will be available to Medicaid providers on request through their service bureau (also known as billing agent). The remittance will include all finalized claims for a pay cycle. The MDCH will make claim payments via Electronic Funds Transfer (EFT) or check (commonly referred to as a voucher).

The 835 transaction relies on the HIPAA Claim Adjustment Group Codes, Claim Adjustment Reason Codes, and Remark Codes to explain why a claim or service payment has been adjusted.

A Claim Adjustment Group Code and a Claim Adjustment Reason Code will be created for each non-zero adjustment, while Remark Codes will be conveyed for each proprietary MDCH edit code. Therefore, there may be more than one Remark Code for each non-zero adjustment in order to supply as much information as possible. However, Remark Codes will not appear when there is no service-level information available. In this instance, only a Group Code and a Reason Code will appear for each non-zero adjustment.

This document includes clarifications for the following information:

- interchange control header and trailer,
- functional group header and trailer,
- 835 transaction set header and trailer, and
- detail segments and elements of the 835 transaction itself.

The interchange control header and trailer (ISA and ISE) are presented together in the first section of this document. The functional group header and trailer (GS and GE) are presented together in the second section of this document. The 835 transaction set header and trailer (ST and SE) are presented with the detail 835 segments and elements in the third section. The HIPAA 835 implementation guide contains a description of the interchange control structure; refer to implementation guide Appendix A, page A.1.

This document uses several text conventions to distinguish MDCH data elements from the Health Insurance Portability and Accountability Act of 1996 (HIPAA) data elements. The following table lists the text conventions used in this document.

Convention used	Explanation
< >	Text included within (< >) describes what will be transmitted by MDCH. This could be the MDCH data element name or value, or, if blank, will display <spaces>.
" "	Text with (" ") around a value represent HIPAA implementation guide (IG) values.
()	The HIPAA IG description of the value in quotes, described above, is provided parenthetically.



MANUAL TITLE

DATA CLARIFICATIONS FOR THE 835 HEALTH CARE CLAIM PAYMENT/ADVICE, v. 4010

PAGE
B3

DATE

04-04-03

Interchange Control Header & Trailer

Page	Loop	Segment	Data Element	Comments
B.3	Header	ISA – Interchange Control Header	ISA01 – Authorization Information Qualifier	“00” (No Authorization Information Present)
B.3	Header	ISA – Interchange Control Header	ISA02 – Authorization Information	<spaces>
B.4	Header	ISA – Interchange Control Header	ISA03 – Security Information Qualifier	“00” (No Security Information Present)
B.4	Header	ISA – Interchange Control Header	ISA04 – Security Information	<spaces>
B.4	Header	ISA – Interchange Control Header	ISA05 – Interchange Sender ID Qualifier	“ZZ” (Mutually Defined)
B.4	Header	ISA – Interchange Control Header	ISA06 – Interchange Sender ID	Positions 1-6, <D00111> Positions 7-15, <spaces>
B.4	Header	ISA – Interchange Control Header	ISA07 – Interchange ID Qualifier	“ZZ” (Mutually Defined)
B.5	Header	ISA – Interchange Control Header	ISA08 – Interchange Receiver ID	Positions 1-4, <Service Bureau ID> Positions 5-15, <spaces>
B.5	Header	ISA – Interchange Control Header	ISA13 – Interchange Control Number	<Interchange Control Number> MDCH will transmit identical interchange control numbers in ISA13 and IEA02 for a single interchange envelope.
B.6	Header	ISA – Interchange Control Header	ISA14 – Acknowledgment Requested	“0” (No Acknowledgment Requested)
B.6	Header	ISA – Interchange Control Header	ISA15 – Usage Indicator	“P” (Production) or “T” (Test) data
B.6	Header	ISA – Interchange Control Header	ISA16 – Component Element Separator	<:;>
B.7	Trailer	IEA – Interchange Control Trailer	IEA01 – Number of Included Functional Groups	<Total number of functional groups> included within an interchange
B.7	Trailer	IEA – Interchange Control Trailer	IEA02 – Interchange Control Number	<Interchange Control Number> MDCH will transmit identical interchange control numbers in ISA13 and IEA02 for a single interchange envelope.



MANUAL TITLE

**DATA CLARIFICATIONS FOR THE 835 HEALTH CARE CLAIM
PAYMENT/ADVICE, v. 4010**

PAGE
B3

DATE

04-04-03

Functional Group Header & Trailer

Page	Loop	Segment	Data Element	Comments
B.8	Header	GS – Functional Group Header	GS02 – Application Sender's Code	<D00111>
B.8	Header	GS – Functional Group Header	GS03 – Application Receiver's Code	<Service Bureau ID>
B.9	Header	GS – Functional Group Header	GS06 – Group Control Number	<Data Interchange Control Number> MDCH will transmit identical data interchange control numbers in GS06 and GE02 for a single functional group.
B.9	Header	GS – Functional Group Header	GS08 – Version/ Release/ Industry Identifier Code	"004010X091A1"
B.10	Trailer	GE – Functional Group Trailer	GE01 – Number of Transaction Sets Included	<Total number of transaction sets> included in the functional group or interchange
B.10	Trailer	GE – Functional Group Trailer	GE02 – Group Control Number	<Data Interchange Control Number> MDCH will transmit identical data interchange control numbers in GS06 and GE02 for a single functional group.



MANUAL TITLE

**DATA CLARIFICATIONS FOR THE 835 HEALTH CARE CLAIM
PAYMENT/ADVICE, v. 4010**

PAGE
B3

DATE

04-04-03

Transaction Set

Page	Loop	Segment	Data Element	Comments
43	Header	ST-Transaction Set Header	ST02 – Transaction Set Control Number	<Transaction Set Control Number> MDCH will assign a unique number within the transaction set, to indicate the start of the transaction. MDCH will transmit identical transaction set control numbers in ST02 and SE02.
45	Header	BPR – Financial Information	BPR01 – Transaction Handling Code	“I” (Remittance Information Only)
46	Header	BPR – Financial Information	BPR03 – Credit/Debit Flag Code	“C” (Credit)
46	Header	BPR – Financial Information	BPR04 – Payment Method Code	“ACH” (Automated Clearing House) - Reflects an EFT payment “CHK” (Check) – Reflects payment made via voucher “NON” (Non-Payment) - Used if the total amount paid = \$0
47	Header	BPR – Financial Information	BPR05 – Payment Format Code	Included when payment is by EFT
48	Header	BPR – Financial Information	BPR06 – (DFI) ID Number Qualifier	“01” (ABA Transit Routing Number) included when payment is by EFT
48	Header	BPR – Financial Information	BPR07 – (DFI) Identification Number	<MDCH Financial Institution ID> included when payment is by EFT
48	Header	BPR – Financial Information	BPR08 – Account Number Qualifier	“DA” (Demand Deposit) included when payment is by EFT
49	Header	BPR – Financial Information	BPR09 – Account Number	<MDCH Bank Account Number> included when payment is by EFT
49	Header	BPR – Financial Information	BPR10 – Originating Company Identifier	<MDCH Federal Tax ID Number preceded by 1>
49	Header	BPR – Financial Information	BPR12 – (DFI) ID Number Qualifier	“01” (ABA Transit Routing Number) included when payment is by EFT
50	Header	BPR – Financial Information	BPR13 – (DFI) Identification Number	<Receiver’s Financial Institution’s ID Number> included when payment is by EFT
50	Header	BPR – Financial Information	BPR14 – Account Number Qualifier	“DA” (Demand Deposit) “SG” (Savings) Included when payment is by EFT
50	Header	BPR – Financial Information	BPR15 – Account Number	<Receiver’s Bank Account Number> included when payment is by EFT



MANUAL TITLE

**DATA CLARIFICATIONS FOR THE 835 HEALTH CARE CLAIM
PAYMENT/ADVICE, v. 4010**

PAGE
B3

DATE

04-04-03

Page	Loop	Segment	Data Element	Comments
53	Header	TRN – Reassociation Trace Number	TRN02 – Reference Identification	<Check or EFT Trace Number>
53	Header	TRN – Reassociation Trace Number	TRN03 – Originating Company Identifier	<MDCH Federal Tax ID preceded by 1>
57	Header	REF – Receiver Identification	REF02 – Reference Identification	<Service Bureau ID>
63	1000A	N1 – Payer Identification	N102 – Name	<Department of Community Health>
63	1000A	N1 – Payer Identification	N103 – Identification Code Qualifier	“FI” (Federal Tax ID Number)
63	1000A	N1 – Payer Identification	N104 – Identification Code	<MDCH Federal Tax ID Number>
70	1000A	PER – Payer Contact Information	PER03 – Communication Number Qualifier	“EM” (Electronic Mail)
70	1000A	PER – Payer Contact Information	PER04 – Communication Number	<providersupport@michigan.gov>
71	1000A	PER – Payer Contact Information	PER05 – Communication Number Qualifier	“TE” (Telephone)
71	1000A	PER – Payer Contact Information	PER06 – Communication Number	<1-800-292-2550>
73	1000B	N1 – Payee Identification	N103 – Identification Code Qualifier	“FI” (Federal Tax ID Number)
73	1000B	N1 – Payee Identification	N104 – Identification Code	<Federal Employer ID Number> - The tax ID associated with the Medicaid provider ID in the provider enrollment file
90	2100	CLP – Claim Payment Information	CLP02 – Claim Status Code	“1” (Processed as Primary) “2” (Processed as Secondary) “4” (Denied) “22” (Reversal of Previous Payment)
92	2100	CLP – Claim Payment Information	CLP06 – Claim Filing Indicator Code	“MC” (Medicaid)
93	2100	CLP – Claim Payment Information	CLP07 – Reference Identification	<Payer’s Claim Reference Number> This is the Medicaid CRN.
103	2100	NM1 – Patient Name	NM108 – Identification Code Qualifier	“MR” (Medicaid Recipient Identification Number)



MANUAL TITLE

**DATA CLARIFICATIONS FOR THE 835 HEALTH CARE CLAIM
PAYMENT/ADVICE, v. 4010**

PAGE
B3

DATE

04-04-03

Page	Loop	Segment	Data Element	Comments
104	2100	NM1 – Patient Name	NM109 – Identification Code	<Eight-character Medicaid Recipient ID Number>
113	2100	NM1 – Service Provider Name	NM108 – Identification Code Qualifier	“MC” (Medicaid Provider Number)
113	2100	NM1 – Service Provider Name	NM109 – Identification Code	<Medicaid-Assigned Provider ID Number>
117	2100	NM1 – Corrected Priority Payer Name	NM108 – Identification Code Qualifier	“PI” (Payor Identification)
117	2100	NM1 – Corrected Priority Payer Name	NM109 – Identification Code	<Carrier ID> of the Corrected Priority Payer Eight-digit carrier code assigned by MDCH (see MDCH website for listing of carrier codes).
126	2100	REF – Other Claim Related Identification	REF01 – Reference Identification Qualifier	“G1” (Prior Authorization Number) “EA” (Medical Record Identification Number) Returned if submitted on the claim
127	2100	REF – Other Claim Related Identification	REF02 – Reference Identification	<Prior Authorization Number> or <Medical Record Number> Returned if submitted on the claim
139	2110	SVC – Service Payment Information		MDCH adjudicates inpatient hospital claims by DRG. When such a claim is payable, Loop 2110 will not appear.
154	2110	REF – Service Identification	REF01 – Reference Identification Qualifier	“6R” (Provider Control Number) Returned if submitted on the claim
155	2110	REF – Service Identification	REF02 – Reference Identification	<Line Item Control Number> Returned if submitted on the claim
162	2110	LQ – Health Care Remark Codes	LQ01 – Code List Qualifier Code	“HE” (Claim Payment Remark Codes) This segment may repeat up to 99 times.
163	2110	LQ – Health Care Remark Codes	LQ02 – Industry Code	<Remark Codes>
165	Summary	PLB – Provider Adjustment	PLB03-1 – Adjustment Reason Code	<Adjustment Reason Code>
170	Summary	PLB – Provider Adjustment	PLB03-2 – Reference Identification	<Gross Adjustment Code> This is the MDCH proprietary adjustment code.
170	Summary	PLB – Provider Adjustment	PLB05-1 – Adjustment Reason Code	See comment for PLB03-1.
170	Summary	PLB – Provider Adjustment	PLB05-2 – Reference Identification	See comment for PLB03-2.



MANUAL TITLE

**DATA CLARIFICATIONS FOR THE 835 HEALTH CARE CLAIM
PAYMENT/ADVICE, v. 4010**

PAGE
B3

DATE

04-04-03

Page	Loop	Segment	Data Element	Comments
171	Summary	PLB – Provider Adjustment	PLB07-1 – Adjustment Reason Code	See comment for PLB03-1.
171	Summary	PLB – Provider Adjustment	PLB07-2 – Reference Identification	See comment for PLB03-2.
171	Summary	PLB – Provider Adjustment	PLB09-1 – Adjustment Reason Code	See comment for PLB03-1.
171	Summary	PLB – Provider Adjustment	PLB09-2 – Reference Identification	See comment for PLB03-2.
171	Summary	PLB – Provider Adjustment	PLB11-1 – Adjustment Reason Code	See comment for PLB03-1.
172	Summary	PLB – Provider Adjustment	PLB11-2 – Reference Identification	See comment for PLB03-2.
172	Summary	PLB – Provider Adjustment	PLB13-1 – Adjustment Reason Code	See comment for PLB03-1.
172	Summary	PLB – Provider Adjustment	PLB13-2 – Reference Identification	See comment for PLB03-2.
173	Summary	SE – Transaction Set Trailer	SE01 – Transaction Segment Count	< Total number of segments included in a transaction set> Includes ST and SE segments
173	Summary	SE – Transaction Set Trailer	SE02 – Transaction Set Control Number	<Transaction Set Control Number> MDCH will transmit identical transaction set control numbers in ST02 and SE02.